1.	Date				
2.	Reporting F	ire Department			
3.	Department	NIFRS Number		_(Example: 55-015)	
4.	Address				
5.	City			State	_ Zip
6.	County				
7. ****		ndowner where fire started ************************************	****	******	******
8.	Lightning Campfire Smoking Debris Burn Arson Equipment Railroads Children	re (Check one)	9.	Pine Forest Pasture/Field Crops Strip Mines Right-of-way Total Acres	
10.	No fires reported for month of				
11.	Signature of person making report				
12.	Title of person making report				
13.	Check here if you need more forms				
Mail Reports to:		Fire Control Headquarters 6220 Forest Road Martinsville, IN 46151 (765) 342-4701 (765) 342-4760			

Any questions please contact:

Crystal M. Hunt, Program Coordinator Fire Control Headquarters chunt@dnr.state.in.us